



Dear Friends,

It's been another remarkable month for exposure of the recovered memory/false accusation problems. Three television documentaries exposed millions to the issues: *Dateline* (10/27/98, *Burgus v Braun* case), *Frontline* (10/27/98, Snowden case), and *48-Hours* (11/3/98, Amirault case). New articles and books significantly deepen our understanding of memory, both true and false. For example, readers will not want to miss *Smoke and Mirrors: The Devastating Effect of False Sexual Abuse Claims* by Terence Campbell or *Believed-In Imaginings: The Narrative Construction of Reality* edited by deRivera and Sarbin. The criminal trial in Texas continues to expose the therapy practices that have caused such harm, and a trial date of May 18, 1999 has been set for review of the license of Dr. Bennett Braun in Illinois.

More families report communication from formerly alienated children. More retractors are contacting the Foundation. While newly accused families are devastated and in crisis, the "recovered repressed memory" phenomenon as a whole seems to have passed the crisis stage. Most families tell us that they have moved beyond the need for support groups and educational meetings. Proponents of recovered repressed memories seem in retreat on professional, scientific and legal fronts. The recovered repressed memory belief system appears to be moving closer to marginal status.

After seven years of media and professional focus on whether false memories can develop in therapy, on the "pathology" of patients who developed false memories, on "dysfunction" in their families, it is time to expand the focus. There is ample evidence of false memories developed in therapy settings; there is ample evidence on the suggestibility of all human beings especially when they are vulnerable; and there is ample evidence that families have been families since the beginning of time. Being human is not a pathology.

So what about the future? Will FMS happen again? Unfortunately, it looks like this or some similar danger to consumers could pop right up again because no fundamen-

tal changes have been made by the mental health community to provide checks for a run-away belief system. The FMS phenomenon did not happen in a vacuum. Where were all those in the mental health community during the past decade of this cruel epidemic? What are they doing now?

The *Dateline* program asked that question. The interviewers questioned how Rush Presbyterian could have allowed Dr. Braun's program to exist for so long. They wondered how 4- and 5-year-old children could have been hospitalized there for almost three years to protect them from a "cult" for which there was never any evidence. They wondered about the use of the hospital laboratory to test ground meat to see if it contained human flesh. They wondered about using hypnosis and experimental doses of drugs to recover "memories" after the American Medical Association had warned in 1985 that confabulations might be the result. They interviewed Dr. Jan Fawcett, the head of psychiatry at Rush Presbyterian. Fawcett had allowed Dr. Braun to start his program and it had been his duty to oversee it.

**DR. JAN FAWCETT:** I would remind you that Mrs. Burgus has had a very good outcome to her treatment. I think she's got her life, the life of her children, maybe the life of her husband.

**DATELINE:** The way she got that life was getting off the drugs and looking for evidence and realizing that none of this had actually happened.

**DR. FAWCETT:** At some point in treatment everybody comes to question different symptoms they've had.

**DATELINE:** You say she got better, OK, and that she started

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The next issue will combine January and February 1999	

disbelieving all these things.

**DR. FAWCETT:** Mm-hmm.

**DATELINE:** But Dr. Braun went right on believing them. So what does that say? Who's sick here?

**DR. FAWCETT:** Well, I don't think that's a sign of an illness. I—I don't think that—I think that Dr. Braun's beliefs are another matter.

**DATELINE:** And you don't think his beliefs are deleterious enough to warrant looking into whether he should be working at this hospital or working as a psychiatrist at all?

**DR. FAWCETT:** Oh, I—I've—I've considered whether he should be working at this hospital. And I've decided he—that he was—he didn't do anything that wrong, and that he actually gave his patient good care; he was there for her. There's no damages.

**DATELINE:** (Voiceover) Except that, last November, Rush Presbyterian Hospital, Dr. Braun, and a psychiatrist for the children, settled the Burgus lawsuit. They admitted no wrongdoing, but the hospital and the doctors' insurance companies paid Pat and her family a total of \$10.6 million to keep the case from going to court.

"Dateline" NBC, October 27, 1998

It is time to focus on the steps that can be taken to prevent this kind of tragic mischief from being spread in and by the mental health community again. It is time to consider the conditions that fostered the spread of this phenomenon and what factors might prevent a future outbreak. For example, we have learned what a powerful influence the media can be in driving fads in psychotherapy. The influences of *Sybil* in the spread of MPD and of *Michele Remembers* in the spread of SRA are highly significant. Are we satisfied to have the mass media drive psychiatric practice? If not, what counter-balances can be set in place both for the profession and for consumers?

There have been some constructive steps. Professional organizations have issued guidelines for members in the area of memory. These have been of great help, but they are not strong enough. Continuing education programs are providing more accurate information about the nature of memory. Unfortunately there is no significant oversight of the overall professional education endeavor.

The lack of agreement between researchers and clinicians about the fundamental nature of what constitutes scientific evidence is a disaster. Are separate training programs for clinicians and for researchers in the best interest of science and of consumers of mental health?

Monitoring boards are currently ineffectual in restraining "crazy" therapies, and they are not protecting the public. That must be corrected, but the ability to do so depends in part on effective evaluation of new therapies. Can the resources and the will be found for the professional organi-

zations to forge ahead in that area?

The time is long overdue for the professional community actively to help us reach our children and rebuild families.

There is no shortage of important tasks to be done if the public is to be guaranteed mental health treatment that is safe and effective. The FMS phenomenon has been a tragedy, but if it serves as a driving force for corrections to the system, that in turn will serve as an apology to those who were harmed.

Let's get started with the New Year!

*Pamela*

Have you made your contribution to the Foundation's annual fundraising drive? If not, please take a few minutes to think how professionals now recognize what false memory syndrome is and how it devastates families. Try to imagine what it would have been like if there had been no one to call. Without your support, affected families, former patients, professionals, and the media will have no place to turn. Please be generous.

#### special thanks

We extend a very special "Thank you" to all of the people who help prepare the FMSF Newsletter. **Editorial Support:** Toby Feld, Allen Feld, Janet Fetkewicz, Howard Fishman, Peter Freyd, August Piper. **Research:** Michele Gregg, Anita Lipton. **Notices and Production:** Ric Powell. **Columnists:** Katie Spanuello and members of the FMSF Scientific Advisory Board. **Letters and information:** Our Readers.

Last month we printed a short notice about *Fragments: Memories of a Wartime Childhood* (1995). It is a Holocaust memoir by Benjamin Wilkomirski that appears not to be true. A news story by Martin Arnold in the *New York Times* on November 12, 1998 had a familiar message:

Mr. Wilkomirski's publisher, Arthur Samuelson, has come up with a third possibility in the "Fragments" debate, should it turn out the book is not true. It is the author as believer, not scoundrel.

"I believe he believes what's in the book, because it's largely based on recovered memory, and it's possible he's wrong," Mr. Samuelson said, adding a mantra typical of book publishing: "We don't have fact checkers. We are not a detective agency. We are a vehicle for authors to convey their work, and we distribute their information with a feeling of responsibility."

His colleague Carol Janeway, who edited and translated the book, said: "We don't vet books on an adversarial basis. We have no means of independent collaboration."

As someone quipped:

**First therapists, now publishers**

## CORRECTION

In the November newsletter, "Accuracy of Reports of Recovered Memories of WWII Experiences Questioned," we misidentified one of the authors mentioned in *Professional Psychology: Research and Practice*, 1998, Vol 29, No 5. The correct names are Bertram P. Karon and Anmarie J. Widener.

Karon, B.P. & Widener, A.J. (1997). Repressed memories and World War II: Let's not forget! *Professional Psychology: Research and Practice*, 28, 338-340.

Karon, B.P. & Widener, A.J. (1998). Repressed memories: The Real Story. *Professional Psychology: Research and Practice*, 1998, Vol 29, No 5. 482-487.



### Letter from ISSD

**Editor's Note:** The initials ISSMP&D and ISSD refer to the same organization. The name changed in 1995 from "International Society for the Study of Multiple Personality and Dissociation" to "International Society for the Study of Dissociation."

Dear Dr. Freyd:

The November 1998 issue of the FMSF Newsletter includes the following statement that I believe is incorrect: "The members of the ISSMP&D honored Bennett Braun for the practices that are now questioned by the government."

Dr. Braun, who was one of the founders of ISSD, did not receive an award from ISSD for clinical work, as far as I know. However, he *did* receive an award in October 1993 that recognized his work in putting together the first ten conferences on dissociation that were sponsored by Rush Presbyterian-St. Luke's Medical Center. I was present at the award luncheon, and ISSMP&D's newsletter confirms my memory of the event.

The newsletter for February, 1994 has a picture of Dr. Braun receiving his plaque, and describes the award as follows: "A special award of recognition was presented to Bennett G. Braun, MD, for establishing and successfully conducting 10 conferences on MPD and dissociative disorders. A special contribution award was given to Jan Fawcett, MD [chair of Rush's Psychiatry Department], for

his support in establishing the fall conference." One of the PBS documentaries—either "Searching for Satan" or "Divided Memories"—shows video footage of the award luncheon and mischaracterizes the purpose of this award just as the FMSF Newsletter has done.

Although the FMSF and other people seem to characterize ISSMP&D as standing for the practice of "recovered memory therapy," I believe it would be more accurate to say that the various conferences organized first by Rush, and then (starting in 1995) by ISSD, have included a variety of speakers on dissociation and its treatment. Conference speakers over the years have included Elizabeth Loftus (twice), John Kihlstrom, Sherrill Mulhern (several times), George Ganaway (several times), and Louis Jolyon West. Furthermore, in 1994 the ISSD adopted treatment guidelines for adults with DID, guidelines that take strong positions against the excesses that some therapists committed while treating this population. The guidelines have been published, and are also available to the public on the internet (<http://www.issd.org/isdguide.htm>). One of your Scientific and Advisory Board members, Dr. Ganaway, was an active participant in writing the guidelines.

I am intrigued by the statement about practices "now questioned by the government." Which practices, and which part of the government is questioning them?

Sincerely,

Peter M. Barach, Ph.D. President  
International Society for the Study of  
Dissociation

\* \* \*

### Reply

Dear Dr. Barach:

Thank you for your letter. Neither we nor the PBS documentaries mentioned an "award" for Dr. Braun. The word was "honored." (This is how "Divided Memories" put it: "In November of 1994, Dr. Braun was honored at the annual conference of the International Society for the Study

of Multiple Personality and Dissociation." It was the only luncheon shown in any of the 5 hours of documentaries you mention.) If this was misleading, I apologize and am happy to print your letter as a clarification.

I am troubled, however, about your apparent unawareness that Dr. Braun has regularly been honored, indeed lionized, by the ISSD and its members, both at the event you mention, the event PBS mentioned, and at many other forums. His work and theories have been frequently cited by ISSD members in their publications. (See pages 4 and 5 of this newsletter.) May I refer you to [www.FMSFonline.org](http://www.FMSFonline.org). There you will find a copy of the complaint filed by the state of Illinois (government) in reference to practices that are now questioned. The trial of Dr. Braun is set for May 18, 1999.

The question of the FMS Foundation was once again articulated in the very newsletter you complain about:

*"The recovered memory phenomenon did not take place in a vacuum. Where was the rest of the mental health profession? Where are they now?"*

Where is the ISSD now? What has been learned from this tragedy? What research is underway to determine how so many members of an organization could come to support a belief in that for which there is no evidence such as SRA?

We appreciate the fact that members of the ISSD wrote treatment guidelines. Such guidelines are important for preventing future harm to patients and their families.

We note one thing with concern, however. The ISSD has not answered the questions posed by the editorial about the therapeutic practices exposed in the criminal trial in Texas nor the practices for which Braun's license is in question. No representative of the ISSD has stepped forward to say: "These practices were wrong."

Yours very truly,

Pamela Freyd, Ph.D.

## Albany Psychiatrist Surrenders License

(Albany) Gazette Reporter

William F. Hammond, Jr., 10/24/98

Robert Rockwell, M.D. surrendered his license to practice medicine after the state Health Department charged him with several ethical breaches. Dr. Rockwell said he expects to continue seeing his patients as a "psychotherapist." (In New York state no license is needed to be a psychotherapist.) A spokesperson for the Health Department confirmed that Rockwell can call himself a psychotherapist and be paid for counseling patients. He does not need to tell anyone he has given up his license and he can continue to put M.D. after his name. However, the spokesperson also noted that many insurance companies are unwilling to pay for treatment by unlicensed psychotherapists. The spokesperson said, "He's still a doctor. We can't take away his degree; he earned it. He just can't practice medicine."

Four years ago Dr. Rockwell sponsored a conference in Albany on the topic of satanic ritual abuse. At that meeting several of Rockwell's patients told about their memories of childhood torture and sexual abuse by members of secretive cults. One of the complaints against Rockwell was that having patients discuss their therapy in public failed to meet acceptable standards of care.

Rockwell believes in the existence of secretive cults. He told *Gazette* reporter William Hammond, "I've seen the actual stun-gun blisters on the back of one of my patients... and the marks of the electrodes from electroshock. Although it's extremely well-hidden, it's something that's real."



### Editor's Comment: How Do Therapists Come to Believe?

How do doctors learn about multi-

ple personality disorder and come to believe in satanic ritual abuse cults for which there is no credible evidence? It appears that the books *Sybil* and *Michelle Remembers* provided the ideas, that a handful of experts who founded the ISSD led the way, and that the members of that group provided the consensus for the belief in satanic ritual abuse conspiracies.

After reading legal documents, articles and books, we have been impressed with the number of therapists who seem to have been influenced by the ISSD and Dr. Bennett Braun. According to Christopher Barden, Ph.D., J.D. (informal communication), Drs. Humenansky (MN), Stephenson (ID), Olsen (WA), Sachs (IL), Peterson (TX), Mungadze (TX), Rice (WA) and Fredrickson (MN) have all stated that they learned to diagnose and treat MPD patients from attending ISSD conferences or by reading Dr. Braun's books. Many therapists describe, in their own writings, how they came to beliefs in satanic conspiracies. We look at excerpts from two: Dr. Rockwell, who is mentioned in the above article, and Dr. Robert S. Mayer, author of *Through Divided Minds* and *Satan's Children: Shocking True Accounts of Satanism, Abuse, and Multiple Personality*.

Dr. Rockwell: "... I took the course on Multiple Personality Disorder offered at the annual American Psychiatric Association Meeting in Montreal in May of 1988, taught by Richard Kluft, M.D. and Bennett Braun, M.D. It was an excellent introduction to the field of dissociation. After the course I tagged along with Dr. Kluft and Dr. Braun to listen in on their conversation and to learn what I could. Dr. Braun mentioned that many of the patients that he was treating on his Dissociative Disorders Unit at Rush Presbyterian Hospital in Chicago were reporting to have been horrendously tortured and sexually abused in what appeared to be well organized satanic cults. He privately

showed Dr. Kluft and myself video clips from a TV news report of a mother and her son. The son had been physically and sexually abused in a satanic cult that the father had participated in. The father had disappeared immediately after the son's revelation. Another video clip showed some murder victims who had been mutilated with pentagrams carved in their bodies.

"I had thought that my patient had been the victim of an isolated group of sado-masochistic pedophiles. I began to realize that her story was not unique. I decided to attend the next annual meeting of the International Society for the Study of Multiple Personality and Dissociation in Chicago. There I met many other therapists from all over the United States and some from Europe who reported similar tales of their patients suffering ritualized torture, sexual abuse and forced killings in apparent worship of Satan. I attended a workshop by Chicago detective, Jerry Simandl, who reported his experiences and the evidence that he had on the realities of Satanic Ritual Abuse. I began reading some of the books on the subject, such as *Michelle Remembers* by Michelle Smith and Lawrence Pazder and *The Ultimate Evil* by Maury Terry. I was shocked and appalled to find that there was other evidence indicating that Satanic Ritual Abuse is real and widespread" (pp. 447-448).

### "One Psychiatrist's View of Satanic Ritual Abuse"

Robert B. Rockwell, M.D.

*The Journal of Psychohistory* Vol. 21  
No. 4, Spring 1994, pages 443-460

Dr. Mayer: "I had never been taught about multiplicity in any of my classes, nor was it mentioned in any of the texts I read during my training. My only knowledge of the disorder came from Flora Rheta Schreiber's best-selling book, *Sybil*, the story of a woman with 16 personalities, which I had read years earlier but did not take very seriously" (p. 14).

"When I told my analytic supervisor about [my patient's] behavior, he

told me that she was undoubtedly faking as a way of resisting treatment. I fired him—I'm sure he thought I was resisting—and sought out others who had gone before me: Dr. Cornelia Wilbur, Sybil's analyst; Dr. Ralph Allison, who wrote a wonderful book on multiplicity, *Minds in Many Pieces*; Dr. Milton Erickson, who showed me how hypnosis could be used to treat the disorder, and Dr. JudiAnn Densen-Gerber, who founded Odyssey House, a treatment center for drug addicts, many of whom were also multiples. I asked questions. I studied. I came to believe that multiple personality disorder, far from being rare, was distressingly common, a consequence of another distressingly common problem, child abuse" (p. 14).

"Then, gradually, a different kind of multiple personality patient began turning up in my office, reporting even more disturbing experiences than the ones to which I had become accustomed. These patients, usually, but not always young women, claimed to have been abused ritually, by organized groups that practiced Satanism" (p. 15).

"Dr. Bennett Braun, of Rush Presbyterian St. Luke's Medical Center in Chicago, had a model of dissociation he calls BASK, an acronym for the components of normal experience—behavior, affect, sensations and knowledge. Dr. Braun believes that any one of these can be split off from the others and recalled separately" (p. 39).

"I thought about a workshop I attended given by Drs. Roberta Sachs and Corydon Hammond at a previous meeting of the International Society for the Study of Multiple Personality and Dissociation. The subject was hypnotic techniques for patients with multiple personality disorder, and one of their ideas was to have the patient create an internal "safe room" within which she could let herself deal with threatening issues. They suggested putting the patient in a trance, then having her walk down an imaginary flight of stairs to the basement, then

down a hall to a door that was locked. Only the patient had the key. She could go into the room and lock the door behind her. No one could bother her there" (p. 113).

"Hypnotic subjects take things very literally. Believing that they were safe in such a room, they could talk about episodes they would not ordinarily discuss" (p. 113).

"It was the last day of the International Conference for the Study of Multiple Personality and Dissociation in Chicago...In Chicago, I was with my tribe—600 colleagues who believed, as I do, that multiple personality disorder is far more prevalent than once thought. In the hotel meeting rooms, at least, the diagnosis had finally attained respectability" (p. 147).

"I found some reassurances in a paper presented by George Greaves, 'A Cognitive-Behavioral Approach to the Treatment of MPD Ritually Abused Satanic Cult Survivors.' Dr. Greaves, a psychologist who was the founder of the International Society for the Study of Multiple Personality and Dissociation, argued that the fact that patients have been programmed to respond in a certain way made them better candidates for treatment 'precisely because they have been systematically conditioned.' 'Such systematic conditioning makes possible a structured plan for deconditioning,' he concluded. What can be conditioned can be deconditioned" (p. 148).

"One of the final events of the conference was a daylong seminar on ritual abuse. Such sessions had been held for several years, as the profession struggled to come to terms with increasing reports of these episodes. But this was the first one I had attended. I didn't know what to expect."

"Finally, the session on ritual abuse ended. At first the audience was silent. Then, gradually, I could hear a rustling as my colleagues and I struggled to gather ourselves. The sense of shock in the room was palpable.

"After a few more minutes, some-

one suggested that a poll be taken of how many in the audience were treating patients who said they had been ritually abused. I look around the room. There were perhaps 200 people in attendance, and all but a handful, I believed, were therapists. Almost everyone had a hand in the air" (p. 156).

*Satan's Children: Shocking True Accounts of Satanism, Abuse, and Multiple Personality*  
Robert S. Mayer, M.D., Avon Books,

"Psychiatrists are advised to avoid engaging in any 'memory recovery techniques' which are based upon the expectation of past sexual abuse of which the patient has no memory. Such 'memory recovery techniques' may include drug-mediated interviews, hypnosis, regression therapies, guided imagery, 'body memories', literal dream interpretation and journaling. There is no evidence that the use of consciousness-altering techniques, such as drug-mediated interviews or hypnosis can reveal or accurately elaborate factual information about any past experiences including childhood sexual abuse. Techniques of regression therapy including 'age regression' and hypnotic regression are of unproven effectiveness."

Royal College of Psychiatrists,  
"Reported Recovered Memories of Child Sexual Abuse" *Psychiatric Bulletin*, 1997, 21, 663-665.  
Royal College of Psychiatrists, 17  
Belgrave Square, London, SW1X 8PG

"An important scientific innovation rarely makes its way by gradually winning over and converting its opponents: it rarely happens that Saul becomes Paul. What does happen is that its opponents gradually die out and that the growing generation is familiar with the idea from the beginning."

Max Planck  
*The Philosophy of Physics* (1936)

REACTIONS TO A PRIMER ON FMS  
FOR MEMBERS OF THE NATION-  
AL ASSOCIATION OF SOCIAL  
WORKERS

Allen Feld, MSW

Stocks, J. T. (1998). Recovered Memory Therapy: A Dubious Practice Technique. in *Social Work*, 43, 5. 423-436.

NASW has finally published an article informing its membership of the hazards inherent in FMS. This article is important for several reasons: it addresses the scientific shortcomings of techniques used to recover memories; it appears in the most widely available NASW professional journal; it is well-documented; it was written by an author with no affiliation to the FMS Foundation—meaning that it may be accepted as an objective commentary.

As a retired social work educator and a former 35-year-member of NASW, I have some reactions to Dr. Stocks' article. For the past several years I have been critical of NASW for not adequately informing its membership of the problems and controversy surrounding false memories. Although not all social workers belong to NASW, the organization is still perceived as speaking for the profession. This critical article, published in the flagship social work journal, has two merits: it will prevent more clients from being harmed in therapy, and prevent more families from being torn apart.

In the abstract Stocks writes:

*Evidence suggests that true and false memories can be recovered using memory work techniques, and there is no evidence that reliable discriminations can be made between them. Similarly, there is no empirical evidence that recovered memory techniques result in improved outcomes for participating clients (p. 423).*

Stocks cites more than 100 references to support these conclusions, selecting authors on both sides of the controversy to determine the scientific

evidence.

A major contribution of this article is a brief review of 10 so-called recovered memory techniques or therapeutic activities that some therapists claim validate memories: sexual abuse symptoms, body work, hypnosis, dream interpretation; flashbacks; guided imagery; journaling; "truth serum;" survivor groups; and disputing client doubts. The review first describes each technique. Then it discusses ways therapists might use that technique to "recover memories." Stocks repeatedly reminds readers of an important fact: no empirical evidence indicates that any of these techniques lead to accurate memory recovery.

For example, Stocks' review of guided imagery includes this significant observation: *Guided imagery is a form of psychodrama in which the client achieves a relaxed state and then pictures scenarios suggested by the therapist (p. 428).* The hypnotic-like quality of this technique will no doubt be readily apparent to readers of the Newsletter, and of course, readers do not need to be reminded that the risk of therapist's suggestion is increased under hypnosis.

Another contribution of Stocks' article is that it contains several useful and timely admonitions: "This desire [to be viewed positively by a therapist] creates a powerful incentive to tailor memories to the therapist pattern" (p. 428). Similar statements are supported by citing the research that allows the author to reach these scientifically-based conclusions.

Stocks also demonstrates the harm that comes to clients exposed to therapy based on these techniques, and to the therapists who employ these practices.

A brief retelling of what I remember as my introduction to what is now called guided imagery might be in order. This concept was not considered important enough to be part of graduate education when I was a student; I

first encountered this notion in what was called a professional development seminar. (Licensing had not yet come to social workers, so there was no need to label these educational experiences as continuing education.) Nothing was suggested, as I recall, that warranted using guided imagery to address the past; rather, the focus was on current and future problems. It was fully understood that guided imagery was intended to be used to help solve problems; it was believed that a client might use this technique to reduce anxiety or stress, or to develop a scenario of ways to handle distasteful life situations. No one expressed or implied that clients might be able to determine the historical reality of their pasts, or that the imagery was based in reality.

I am disappointed that NASW has been slow to respond to the crisis and inform its members of the harm that may be done when therapists' beliefs replace science in their practices. However, publishing Stocks' article is an excellent effort to rectify this delay. I'm pleased that the *Social Work* peer-review process recognized both the soundness of the research and the important contemporary social problem that Stocks addressed.

Allen Feld is Director of Continuing Education for the FMS Foundation. He has retired from the faculty of the School of Social Work at Marywood College in Pennsylvania.

"Hypnosis is not a truth serum, and the memories it uncovers are no more reliable (but no less reliable) than any others. The risk is that hypnotic memories may inspire greater confidence. No memory, whether it is evoked with or without hypnosis, can be shown to be true without corroboration by external evidence."

Harvard Mental Health Letter

September 1998

David Spiegel, M.D.

**Criminal Trial Against Texas Therapists Continues**

United States of America v. Peterson, et al., U.S. Dist. Ct.,  
Southern Dist., Texas, No. H-97-237.<sup>1</sup>

A federal criminal trial continues in which five former employees of a Houston private mental hospital are charged with insurance fraud. The indictment alleges that from 1991 to 1993, the defendants used hypnosis, drugs, isolation and other techniques as part of a conspiracy to prolong their patients' treatment unnecessarily so they could continue to collect insurance payments. The defendants are all associated with the former Spring Shadows Glen mental hospital: psychologist Judith Peterson, psychiatrists Richard Seward and Gloria Keraga, therapist Sylvia Davis, and former hospital administrator George Mueck. During treatment involving hypnosis, patients allegedly recovered memories of participation in cult ritual abuse and torture.

During the 6th and 7th week of trial testimony, Sally McDonald, a former nurse manager at the hospital, testified that the defendants had deliberately exaggerated diagnoses of several teenage patients in order to collect insurance payments. McDonald testified that books describing electroshock, torture in lobster cages and rape by men in black robes were readily accessible in the clinic and that eventually the teens claimed to have experienced these things. McDonald also described the pressure on the teenage patients to come up with "alters." During one session, a therapist spoke for a teenage patient's "mute alters" and described a supposed gang rape.

Susan Stalzer, a claims reviewer for an insurance company, testified that at the time of her review, she was concerned that Mary Shanley<sup>2</sup>, a key prosecution witness, had been hospitalized for more than a year with little improvement. Stalzer testified that most patients, even those who are suicidal, can be stabilized in 30 to 60 days and discharged for outpatient care.

As the trial entered its 8th week, U.S. District Judge Ewing Werlein Jr. told jurors that he had underestimated the length of the trial; the trial is now expected to last until March with time off for Thanksgiving and Christmas holidays.

During the 8th week, former patient Karen Gauthier, who is now 19 years old, testified. Karen was admitted to the mental hospital shortly before her 13th birthday because it was feared that the cult would rape, drug, and electroshock her in initiation rites on her 13th birthday. Karen testified that she was told she had to remember the cult abuse

so that she could be reunited with her mother. The prosecution played tapes of some of Karen's therapy sessions in which defendants discussed her "progress" under hypnosis. According to testimony from nurse Sally McDonald, Karen was a normal healthy child whose medical records indicated no signs of abuse at the time of her admission.

The defense has argued that the hospital provided appropriate treatment to the patients because they had already been diagnosed with serious mental illness before arriving at Spring Shadows Glen. But Karen Gauthier had never been diagnosed with a mental illness. The defense has also argued that while hypnosis was used, it was only for processing and healing memories that patients already had, not for "retrieving" memories. However, Karen Gauthier had no memories of cult abuse before her admission.

During the 9th week of trial, testimony was heard from Dr. Gary Miller, who had served from 1982 to 1988 as commissioner of the Texas Department of Mental Health and Mental Retardation. Dr. Miller testified that the duration of the hospitalizations in this case "astonished" him. He said he has never seen a true MPD patient and feels that the diagnosis has harmed patients and damaged the reputation of psychotherapy.

Defense attorneys have maintained that their clients provided appropriate care and did not conspire to defraud insurance companies. They have also argued that the case is an attempt by federal prosecutors to criminalize a form of therapy that government officials dislike.



### Hearing Scheduled in Licensure Case of Controversial Psychiatrist

An Illinois regulation administrative judge set a trial date of May 18, 1998 in the case of Dr. Bennett Braun, a psychiatrist who faces possible loss of his medical license. Evidence will be heard at that time supporting allegations that he used drugs and hypnosis to convince a patient that she and her family participated in ritual cult abuse and suffered from multiple personality disorder as a result. The judge also ordered a separate trial for Dr. Elva Poznanski, another psychiatrist at Rush North Shore Medical Center who treated Burgus' two young sons, also for MPD.

Braun's lawyer, Harvey Harris, has asked for independent psychiatric evaluations of Burgus, her husband, and their two sons, arguing that the evaluations may show that the treatment was correct. Burgus told newspapers she would have no problem being evaluated. The judge has yet to rule on the request. A year ago, the Burgus family settled a civil case against Braun and Poznanski for \$10.6 million.





**Can expert testimony serve as corroboration of a "repressed memory" claim? Is psychological "corroboration" independently admissible?**

The *Barrett v. Hyldborg* case (discussed elsewhere in the Legal Corner, this issue) highlights a problem inherent in "repressed memory" claims: what constitutes independent corroboration? The case was filed early in 1994 by a 45-year-old woman who claimed she recovered memories of two early childhood incidents approximately 40 years after they allegedly occurred. The plaintiff acknowledged that she could not present any evidence of the type normally considered corroborative: witnesses, photographs, notes, letters, diaries, confessions, or medical records. Her claim of childhood sexual abuse allegedly beginning at age 2 1/2 was based solely on her "recovered memory." The defendant denied all allegations.

Plaintiff sought to bolster her case with expert analysis of something called "internal corroboration" of her "repressed memory" claim. Plaintiff's expert, Charles Whitfield, M.D., proposed that "internal corroboration" may establish a repressed memory as reliable. "Internal corroboration" relies upon factors such as the plaintiff's "credibility," her "abreaction" or strong emotional reaction to the memory, the consistency of her story, and the durability of the memory as measures of a memory's veracity. Dr. Whitfield also maintains that characteristics of the memories are useful in determining the reliability of recovered memories. During a deposition, when Dr. Whitfield was asked to

explain what he meant by "characteristics of the memories themselves," he testified that he believed the plaintiff had actually suffered sexual abuse and repressed the memory in part because "just the way the memories came, their consistency, the way they fit with my and others' understandings with a natural history of child sexual abuse. She's just believable. She comes across. She and her memory come across to me as being believable."

Apart from the lack of any scientific support for the reliability of the "internal corroborative characteristics" of the plaintiff's repressed memory, we are struck by the complete disregard for the necessity of any type of independent evidence to establish the accuracy of a recovered memory. This innovative argument, whereby a single accusation does double duty as a charge against a defendant and as independent corroboration simply because of the way it is made, has no standing in the law. As one expert on the subject remarked, "this kind of evidence wouldn't even pass muster during the Spanish Inquisition." This "analysis" amounts to a "judgment by an expert that the individual is credible, that she is telling the truth, or simply that it seems real to her. Expert opinion as to credibility, especially where that opinion lacks a sound and reliable base, is generally held to be inadmissible<sup>3</sup>

Plaintiff's expert also suggested that a family history of alcoholism might provide corroborative evidence of the sexual and physical abuse of a child, an assertion for which he did not provide scientific support. He further based his premise of an abuse of alcohol 40 years earlier on very questionable information. Dr. Whitfield acknowledged that he had never met the defendant or had knowledge of him during the 1950's. Instead of an interview with the defendant, he asked the plaintiff to fill out a series of screening questionnaires as though her father were answering them in 1951 when she was 2 1/2 years old. During a regular session before the trial judge, Dr. Whitfield testified, "I had not had the opportunity to interview [the defendant] nor seen [sic] Dr. Bodkin's report of his evaluation, but I did ask [plaintiff and two of her sisters] to fill out the Michigan Alcoholism Screening Test, the Cage questionnaire and the Michigan Alcoholism Screening Test Addendum to answer questions for him [defendant] as though he were answering it honestly, and on all three he scored clearly in the alcoholic range." (T., 5/19/98, p. 53-54)

The *Barrett* court also cited Dr. Whitfield's acceptance of plaintiff's new memory that at age 2 1/2, she had had an out-of-body experience. In court before the trial judge, Dr. Whitfield testified (T., 5/19/98, p. 59) that he believes plaintiff's "awareness, her consciousness..." left her body and was able to view an abusive incident from a position up in the air in the corner of a room. When questioned on how this could be, he acknowledged that, "This is a tough area because we don't ordinarily think in this way. This is beyond

Charles L. Whitfield, M.D. is famous for his book, *Healing the Child Within*. He is one of the most ardent of those who defend recovered memory therapy and one of the most vociferous of those who attack the Foundation.

In a recent trial, he revealed his remarkable method for diagnosing defendants as alcoholics:

"I had not had the opportunity to interview [the defendant] nor seen [sic] Dr. Bodkin's report of his evaluation, but I did ask [the plaintiff and her two sisters] to fill out the Michigan Alcoholism Screening Test, the Cage questionnaire and the Michigan Alcoholism Screening Test Addendum to answer questions for him [defendant] as though he were answering it honestly, and on all three he scored clearly in the alcoholic range." (T., 5/19/98, p. 53-54)

In this connection it is worth recalling what Dr. Whitfield once had to say about the FMS Foundation:

"clinical Nazis, memory Nazis. ..They're not as extreme as the Nazis because they're not directly torturing and killing people... It's more indirect. They're much more subtle than the Nazis, and that can make them much more insidious to deal with."

Quoted by Lee Krenis More  
*Democrat and Chronicle* (Rochester, NY), June 11, 1995



physical medicine..., but not exclusive of science.” (emphasis added) And when asked what scientific verification exists of the fact that a person can be separated from their body and observe an event, Whitfield referred to “a very small list of references” of individuals’ reports of out-of-body experiences and admitted that “sometimes that’s what we have to rely on.” The Court did not find this opinion of plaintiff’s expert sufficient to show the reliability of plaintiff’s “repression” claim.

During court proceedings, the question of the proper standard to assess the reliability or validity of scientific evidence came up in another context. The scientific community generally focuses on how a study was done and whether the results can be replicated when evaluating the reliability and validity of scientific inquiry. Dr. Whitfield was asked whether he would consider valid a study set up to determine the level of consensus in the psychiatric community regarding the wording of the diagnostic criteria for dissociative amnesia as found in the DSM-IV. When asked, “Would you consider that to be valid?” Dr. Whitfield’s answer focused on somewhat different factors, “Depends on who did it, how it was done, and what the results were.” (emphasis added)

The Barrett decision represents one more in a long series of opinions which have been critical of the ability of expert opinion to provide reliable testimony on the subject of repressed memory.<sup>4</sup> Some courts have expressed concern that expert testimony referring to events years earlier relies only on plaintiff’s statements about her “memories” of the past and does not refer to records contemporaneous to the alleged events. Such opinion, therefore, is not independently verifiable. It is, in the words of one court, “mere conjecture.” If the subjective belief of a “repressed memory” claimant is given the ring of truth simply by being repeated by an “expert,” or based on some “internal corroboration” claim, the danger of misleading a jury is great. If, in addition, the basis of expert testimony is shown to be neither generally accepted nor reliable, such testimony surely must be held to be inadmissible.



### North Carolina Court Excludes “Repressed Memory” Testimony

Barrett v. Hyldburg, Superior Court, Buncombe Co., North Carolina, No. 94 CVS 793.<sup>5</sup>

On October 20th, Superior Court Judge Sanford L. Steelman, Jr. entered a detailed 13-page written order to exclude all evidence derived from alleged repressed memories. Plaintiff’s counsel conceded that without the repressed memory testimony, there would be insufficient evidence to submit the case to the jury. The case was dismissed with prejudice on the same day.

Following the direction of the U.S. Supreme Court, Daubert v. Merrell Dow, 113 S.Ct. 2786 (1993) (the trial

**The emotional content of an image, the confidence a person has in that image, or the consistency of a story do not prove the existence or reliability of a repressed memory:**

“Certainly a person can have a strong emotional reaction to a nightmare, even though no one contends that the dream reflected a factual event. Moreover, paranoids are convinced of the truth of their conspiracy theories and act in accordance with their suspicions. Indeed, a common feature of paranoia is a consistency and durability in the belief of a perceived persecution. The fact that plaintiff firmly believes and emotionally reacts to a perceived memory does not prove the existence of such repressed memory, nor does it show the reliability of the events supposedly recalled by plaintiff...[T]he durability of the plaintiff’s alleged memory, one of the internal corroborating factors identified by Dr. Whitfield, may be the result of support plaintiff has received from others following her report of sexual abuse...The court finds and concludes that the so-called “internal corroborative” evidence does not have sufficient scientific reliability to establish either the validity of the phenomenon of repressed memory or the accuracy of alleged recovered memories of childhood sexual abuse.”

North Carolina Superior Court Judge Stanford L. Steelman, Jr.,  
Barrett v. Hyldburg, October 20, 1998.

judge must act as a gatekeeper, allowing only reliable and relevant matters into evidence) and the North Carolina Appeals Court, Barrett v. Hyldburg, 127 N.C. App. 95 (1997) (repressed memory evidence is beyond the life experience of the average juror and, if determined to be valid, must be accompanied by expert testimony), a *voir dire* hearing was held after the jury selection. The purpose of the hearing was to determine whether repressed memory testimony is reliable and relevant. The court considered testimony of Drs. Charles Whitfield and J. Alexander Bodkin, numerous exhibits, pleadings, affidavits, and depositions.

The court concluded that “there is substantial debate within the relevant scientific community about the validity of the phenomenon of repressed memory.” (The court used the terms “repressed memory,” “dissociative amnesia,” and “traumatic amnesia” interchangeably.) Two types of research approaches were reviewed: retrospective studies which rely on self-reporting and prospective studies which interview individuals known to have been abused in the past. The court concluded that “while self-reporting of alleged repressed memories may have therapeutic value, or even suggest a possible phenomenon worthy of scientific research, the retrospective studies hardly constitute scientific evidence.” Noting that self-reports of such things as alien abductions and unsubstantiated conspiracy theories are clearly outside the realm of scientific verification, the court concluded that using self-reports alone is insufficient to prove the validity of the phenomenon of repression.

The court then considered a group of prospective stud-

ies in which subjects known to have been abused years earlier are interviewed. It found that these attempts to test the theory of repressed memory have not provided scientific verification of the theory for several reasons: incidents of non-reporting of known abuse only occurred in studies where the subjects were not specifically asked about the experience. When people were asked directly about a past traumatic experience, they consistently reported memories, suggesting that the individuals may have chosen not to think of the painful memories, may have forgotten about them, or simply may have chosen not to report them. In addition, the court noted another fatal flaw of prospective studies: they had not ruled out ordinary causes of amnesia, e.g., neurological injury or a victim too young to remember.

The court next considered whether the phenomenon of repressed memory had gained general acceptance in the scientific community. Plaintiff's expert Dr. Charles Whitfield testified that acceptance is shown by the inclusion of the diagnosis "dissociative amnesia" in the Diagnostic and Statistical Manual (DSM-IV). The court, however, concluded that inclusion in the DSM (which is a diagnostic tool and "a collection of statistical information and definitional reference") may indicate some degree of acceptance but does not necessarily reach the criterion of general acceptance in the relevant scientific community. The DSM cannot be viewed as a scientific manual. The court also agreed that none of the types of dissociative amnesia described in the DSM include full amnesia for the traumatic event.

The court also considered the fact that there has been substantial publication about repressed memory, but concluded that rather than verifying the theory, these publications highlight the debate raging in the scientific community about the validity of the phenomenon. Based on these considerations, the court concluded there is no general acceptance for the validity of the theory of repressed memory.

Even if repressed memory were to be accepted as a reliable theory, the court concluded that no reliable corroborative evidence exists which could distinguish between true memories and false memories. The court also noted that the Royal College of Psychiatrists has specifically advised against the practice of diagnosing childhood sexual abuse through a checklist of symptoms. Therefore, the court concluded that plaintiff's proposed "internal corroborative" evidence does not have sufficient scientific reliability to establish either the validity of the phenomenon of repressed memory or the accuracy of alleged recovered memories of childhood sexual abuse.

Defense attorneys are John C. Cloninger and Robert Riddle of Asheville, North Carolina. Copies of this important decision are available from the FMSF Brief Bank.



## **"Repressed Memory" Charges Dropped as Prosecutors Conclude Allegations were Fabricated**

Stearns, M. (10/27/98) "Rape charges dropped against school-teacher," Philadelphia Inquirer

Less than one month before a teacher accused of raping a former fifth-grade student was to go to trial, prosecutors dropped all charges and held a news conference to publicly state that they had concluded that the accuser had fabricated the allegations. Michael Gallagher, an elementary school teacher for 26 years, was arrested in January after Margaret Powell, 23, told authorities that he had raped her repeatedly during the 1985-1986 school year when she was a student in his class.

During pretrial interviews with Powell, prosecutors said they found discrepancies in her story. According to Assistant District Attorney Mary Fittipaldi, as prosecutors found more discrepancies, Powell began changing her story. "She began to add additional details," Fittipaldi said. "It seemed to me she was trying to embellish the case and make it better as we moved closer to trial, which raised my suspicions." Then Powell failed a lie-detector test and admitted that she was "not sure" whether sexual intercourse with Gallagher had taken place. Prosecutors decided to drop the charges.

At the news conference, District Attorney Michael Marino described Powell as a "bright young woman...with a proper demeanor...and every indication of credibility and truthfulness." Marino said their investigation uncovered a letter written by Powell in which she said that she had "recovered multiple memories of sexual molestation" that she believed occurred during her year in Gallagher's class. Marino said that Gallagher would never have been arrested if prosecutors had known that Powell's allegations were based on so-called recovered or regressed memories. "Our office does not believe in that," Marino said. He also referred to a Pennsylvania Supreme Court pronouncement that repressed memory is an inappropriate basis for a rape charge.

Officials for the school district said that Gallagher was welcome to return to his job and that the district would give him back pay. Gallagher says he will work to make sure other teachers do not face similar accusations in the future. "Right now, teachers hardly have a chance to defend themselves."

Prosecutors said criminal charges against the accuser are now being considered.



## **Georgia Supreme Court: Expert Testimony on Proper Interview Procedures is Admissible**

Barlow v. The States, 1998 Ga. LEXIS 802, decided 9/14/98.

The Georgia Supreme Court recently held that the "defendant in a child molestation case is entitled to introduce expert testimony for the limited purpose of providing the jury with information about proper techniques for interviewing children and the possible effects of the interviewing tech-

niques actually utilized." The court explained, "A major distinguishing aspect of a child sexual abuse case is how the victim came to relate the facts which led to the bringing of criminal charges. A defendant not only should be able to cross-examine prosecution witnesses regarding how they obtained their information, but also should have the chance to present expert testimony as to how such information is ideally obtained."

"Of course, an expert witness for the defense cannot give an opinion that the victim made false allegations of molestation, because such testimony directly addresses the credibility of the victim. However, the fact that limited expert testimony regarding proper interview techniques indirectly involves the child's credibility does not render it inadmissible." The court held that such testimony would assist the jury in evaluating the weight to be given the child's testimony.

The Georgia Supreme Court also noted that the majority of jurisdictions have allowed opinions of experts on improper or suggestive techniques employed by individuals investigating allegations of sexual abuse of children. The court cited several of these decisions: *State v. Sloan*, 912 S.W.2d 592, 596 (Mo. App. E.D. 1995); *State v. Kirshchbaum*, 535 N.W.2d 462, 466 (Wisc. App. 1995); *State v. Gersin*, 668 N.E.2d 486, 488 (Ohio 1996); *State v. Michaels*, 642 A.2d 1372, 1383 (N.J. 1994).



#### **Ohio Court: Prosecutor who Refused to File "Repressed Memory" Charges Acted Properly**

*Pengov v. Leffler*, 1998 Ohio App. LEXIS 4942, decided Oct. 23, 1998.

An Ohio Court of Appeals found that a county prosecutor had acted within his discretion when he refused to prosecute a "repressed memory" claim. James Pengov, 27, claimed that he had repressed memories of sexual abuse by his stepfather some 20 years earlier. After a police investigation, the prosecutor declined to file criminal charges, citing the age of the allegations, lack of corroborating physical evidence, and substantial questions about jurisdiction and statutes of limitations. Pengov then sought to remove the prosecutor from office, but the appellate court affirmed that the prosecutor did nothing to merit his removal from office.



#### **UPDATES OF CASES WE HAVE BEEN FOLLOWING:**

**Wenatchee civil rights trial:** On October 16th, Robert Roberson and other plaintiffs in the unsuccessful civil damage suit against police and social workers in the Wenatchee child sex investigation filed a motion seeking a new trial. The motion cites errors and misconduct by defense lawyers including "improper questions and inflammatory statements not supported by the evidence permitted in the trial." For example, in opening statements, defense attorney Patrick McMahon told jurors that the plaintiffs "were actually guilty

and they just got away with it, having raped and sexually abused children as accused." Because the comments were made in opening statements, they could not be objected to. Several times the judge warned defense attorneys that they were on the verge of causing a mistrial.

The civil trial centered on allegations that Wenatchee police Detective Robert Perez, county officials, and state social workers ignored regulations and violated the civil rights of people falsely accused of child sex charges and ended in June 1988, when a jury found for the defendants. The plaintiffs in the current case include Pastor Robert Roberson and his wife, Connie, who were acquitted of multiple sex charges; Honnah Sims, a Sunday school teacher at the Robersons' church, who was also acquitted; and Donna Rodriguez, against whom charges were dropped when accusers recanted.

On November 17, 1998 Spokane County Superior Court Judge Michael Donohue refused to grant a new trial.

1 This report is taken from a series of articles by Mark Smith which appeared in the *Houston Chronicle*. See also FMSF Brief Bank #176 and FMSF Newsletter December 1997, October 1998. For the latest trial developments, check the website: <http://www.FMSFonline.org>

2 Earlier in the trial, Mary Shanley spent 11 days on the stand describing her years as a patient in Spring Shadows Glen.

3 Most recently a Washington Superior Court, *Mensch v. Pollard*, Super. Ct., Whatcom Co., Wash., No. 93-2-01427-5, Sept. 9, 1998, rejected a technique proposed by a plaintiff's expert as a method to determine whether or not a memory is true and accurate. The court found expert testimony on the subject of Statement Validity Analysis (SVA) to be inadmissible because the technique "is not generally accepted within the relevant scientific community as being a valid method by which an expert could be entitled to render an opinion as to the credibility of a witness." The court was careful to explain that its intention was only to exclude opinions by experts that a restored repressed memory is valid, that the methods of recovering memory are valid, and that SVA is a valid method to determine the credibility of a lay witness—not to exclude expert testimony regarding the subject of memory generally.

4 The Washington Supreme Court, *Tyson v. Tyson*, 727 P.2d 226 (Wash., 1986), was the first higher court to consider "repressed memory claim. Though superseded by statute, the court rejected the suggestion that the subjectivity of plaintiff's "repressed memory" claim could be eliminated at trial through the testimony of witnesses including treating psychologists. "However, none of this testimony would provide objective evidence that the alleged acts occurred...[T]he testimony of treating psychologists or psychiatrists would not reduce, much less eliminate, the subjectivity of plaintiff's claim...The fact that plaintiff asserts she discovered the wrongful acts through psychological therapy does not validate their occurrence. Recent studies by certain psychoanalysts have questioned the assumption that the analyst has any special ability to help the subject ascertain the historical truth." *S.V. v. R.V.*, 933 S.W.2d 1 (Tex., 1996); *State of Rhode Island v. Quattrocchi*, 681 A.2d 879 (R.I., 1996); *Pritzlaff v. Archdiocese of Milwaukee*, 533 N.W.2d 780 (Wisc., 1995); *State of New Hampshire v. Hungerford*, 697 A.2d 916.

5 See, FMSF Brief Bank # 82. The history of this case began in 1994. Just prior to the case coming to trial in 1996, Superior Court Judge Ronald Bogle granted defendant's motion *in limine* to exclude all evidence regarding plaintiff's alleged "repressed memories" of sexual abuse. On appeal, in August 1997, a North Carolina Court of Appeals, *Barrett v. Hyldburg*, 1997 WL 434876 (N.C. App., 1997), affirmed the portion of the trial court's ruling that held that plaintiff's testimony regarding recovered memories of abuse may not be received at trial absent accompanying expert testimony on the phenomenon of memory repression. The Court of Appeals remanded the case back to the trial court for further proceedings on defendant's motion to exclude all such evidence regarding plaintiff's alleged repressed memories due to the lack of proven reliability of the phenomenon. Following the hearing in May, Superior Court Justice Stanford L. Steelman, Jr. gave an oral ruling which was reported in the October 1998 FMSF Newsletter.

6 See, FMSF Brief Bank #163.

## FMS FOUNDATION AMICUS CURIAE BRIEFS

Since 1995, the FMS Foundation has submitted 13 amicus curiae briefs to appellate courts in 10 states and to one United States Court of Appeals. The briefs sought to provide courts with the latest mainstream scientific literature available on issues related to the development of recovered memories.

Publication	Amicus Brief	Final Decision
802	<b>Alabama Supreme Court, <u>McDuffie v. Sellers-Bok</u>, No. 1940524 submitted May 10, 1995.</b> Brief argues that under the principles of special relationships and circumstances, foreseeability, direct victims and public interest considerations, mental health professionals may owe a duty to third parties.	<b><u>McDuffie v. Sellers-Bok</u>, 676 So.2d 1359, (Ala. Sept. 29, 1995).</b> The Alabama Supreme Court without comment, affirmed the decision of the Alabama Circuit Court, Montgomery Co., No. CV-94-1772 (Dec. 1, 1994), which had dismissed two counts dealing with malpractice and breach of fiduciary relationship.
803	<b>Rhode Island Supreme Court, <u>Heroux v. Carpenter; Kelly v. Marcantonio</u>, No. 95-39; 94-727, submitted August 30, 1995.</b> Brief addresses questions certified to the court concerning accrual of claims under state discovery statute and alleged inability to recall related to the disability statute. It also presents a review of the current scientific understanding of the theory of repression and relevant case law.	<b><u>Kelly v. Marcantonio</u>, 678 A.2d 873, (R.I., July 11, 1996).</b> The Rhode Island Supreme Court held that the reliability of repressed memory theory must first be determined prior to extending the statute of limitations. The court instructed trial judges to hold an evidentiary hearing reviewing "the entire scientific theory of repressed recollection and the scientific method through which such recollections are recovered" to determine whether the specific "repressed recollection" is "sufficiently relevant, reliable, and scientifically and/or medically established." The court held that the claim may be brought only if the trial judge determines that the theory is "scientifically accepted and valid" and the evidence shows the Plaintiff to be of "unsound mind."
805	<b>Texas Supreme Court, <u>S.V. v. R.V.</u>, No. 94-0856, submitted February 6, 1995.</b> Brief reviews current scientific understanding of the reliability of "recovered repressed memory," including the lack of any reliable test to determine the accuracy of a repressed memory. It also considers the applicability of discovery exception set forth by petitioner.	<b><u>S.V. v. R.V.</u>, 933 S.W.2d 1, 39 Tex. Supp. J. 386, (Tex., March 14, 1996).</b> The Texas Supreme Court held that in order to apply the discovery rule to toll the statute of limitations under any set of facts, including repressed memory claims, the wrongful event and injury must be "objectively verifiable" and inherently undiscoverable. After a thorough review of expert testimony and scientific literature, the court concluded that the scientific community has not reached consensus on how to gauge the truth or falsity of "recovered" memories. Therefore, the court held that expert opinion in this area does not meet the objective verifiability requirement for extending the discovery rule.
806	<b>U.S. District Court, 5th Circuit, <u>Knodel v. Hartman</u>, No. 94-11120, submitted June 3, 1996.</b> Brief reviews the scientific literature regarding "repressed memory," indications of the scope of the problem from various sources, and recent decisions concerned with the reliability of repressed memory claims.	<b><u>Knodel v. Hartman</u>, U.S. Court of Appeals, 5th Cir., No. 94-11120, Sept. 9, 1996, unreported.</b> The U.S. Court of Appeals found a "repressed memory" claim barred by Texas' two-year statute of limitations. The court concluded that "recovered" memories of Complainant's sister were not sufficient to establish the objective verification of the claims as required under <u>S.V. v. R.V.</u> , 933 S.W.2d 1 (Tex., 1996).
807	<b>Pennsylvania Supreme Court, <u>Dalrymple v. Brown</u>, 055 E.D. App. Dkt. 1996, submitted Nov. 1, 1996.</b> Brief considers the applicability of the discovery rule and disability tolling exceptions to the statute of limitations under the Pennsylvania standard of reasonable diligence to "repressed memory" claims. Brief also reviews the current scientific understanding of "repressed memory" and the judicial response to these claims in sister jurisdictions.	<b><u>Dalrymple v. Brown</u>, 1997 WL 499945 (Pa., Aug. 25, 1997).</b> The Pennsylvania Supreme Court refused to apply the discovery rule to cases involving "repressed memories." The court held that repressed memories do not provide the kind of objective evidence required to invoke the discovery rule or to demonstrate an undiscoverable injury. The concurring opinion noted that, "the validity of repressed memory theory is subject to considerable debate in the psychological community and some courts have rejected its admissibility."
808	<b>Illinois Supreme Court, <u>M.E.H. v. L.H.</u>, No. 81943, submitted February 12, 1997.</b> Brief argues that the unproven reliability of repressed memory claims is an insufficient basis to apply "discovery rule." Brief also reviews factors leading to the development of false memories, the repressed memory debate, current scientific findings, and relevant case law in other jurisdictions.	<b><u>M.E.H. v. L.H.</u>, 1997 WL 562001 (Ill., Sept. 4, 1997), slip copy.</b> Affirmed dismissal, holding that even if the discovery rule were applied, this case was not filed in a timely way. "Whether plaintiffs have acted within a reasonable time turns on the particular facts and circumstances presented to the court." The Illinois appellate court, <u>M.E.H. v. L.H.</u> , 669 N.E.2d 1228 (Ill.App.2nd Dist., 1996), had earlier declined to apply the discovery rule, citing <u>Tyson v. Tyson</u> with approval, "If we applied the discovery rule to such actions, the statute of limitations would be effectively eliminated and its purpose ignored. A person would have an unlimited

808 cont'd		time to bring an action, while the facts became increasingly difficult to determine. The potential for spurious claims would be great and the probability of the court's determining the truth would be unreasonably low."
809	<p><b>New Hampshire Supreme Court, <u>State v. Hungerford</u> and <u>State v. Morahan</u> No. 95-429, submitted February 14, 1997.</b></p> <p>Brief argues that under either a Frye or Daubert analysis, the theory of repression clearly fails to meet the criteria for admitting scientific evidence. It also reviews factors leading to the development of false memories, the repressed memory debate, current scientific findings, and relevant case law in other jurisdictions.</p>	<p><b><u>State of New Hampshire v. Hungerford</u>, 1997 WL 358620 (N.H., July 1, 1997).</b></p> <p>The New Hampshire Supreme Court affirmed the lower court's ruling that the party offering repressed memory testimony of either an expert or complainant has the burden to prove it sufficiently reliable to be admitted. The question of reliability is to be considered on a case-by-case basis, but "tempered with skepticism" according to factors based on Daubert and the availability of any direct corroboration. The court concluded that the phenomenon cannot currently be considered reliable nor has it gained general acceptance in the scientific community. The court noted that if the phenomenon were ever able to satisfy the court's objections and be found reliable, then additional inquiry into the circumstances of memory recovery (especially any therapeutic process) may be called for. See, <u>State v. Hungerford</u>, 1995 WL 378571 (N.H. Super., May 23, 1995).</p>
810	<p><b>Second Appellate District, California, <u>Engstrom v. Engstrom</u>, No. VC016157, submitted March 17, 1997.</b></p> <p>Brief argues that under the Kelly/Frye rule, testimony regarding and derived from repressed memories does not meet the "general acceptance" standard and is therefore per se inadmissible. It also reviews factors leading to the development of false memories, the repressed memory debate, current scientific findings, and relevant case law in other jurisdictions.</p>	<p><b><u>Engstrom v. Engstrom</u>, No. B098146, (Cal. App., 2nd App. Dist., Div. 2, June 18, 1997) unpublished.</b></p> <p>In an unpublished opinion, a California Court of Appeal affirmed a Superior Court's judgment of non-suit since appellant had no memories of childhood abuse other than those generated during the period he was in therapy and "compelling" evidence showed that those memories did not meet the Kelly-Frye standard of admissibility. The court ruled, therefore, that appellant was "rightly precluded from testifying to any recovered repressed memories." The court also noted that even were an appellant to meet the "delayed discovery" provision of California statute of limitations, an additional evidentiary hurdle must be surmounted before that appellant could actually testify to any claimed recovered repressed memories. See, <u>Engstrom v. Engstrom</u>, Superior Ct., Los Angeles Co., California, No. VC-016157 (October 11, 1995).</p>
811	<p><b>Tennessee Supreme Court, <u>Hunter v. Brown</u>, No. CV-00070, submitted April 15, 1997.</b></p> <p>Brief considers the reasonable person standard for application of the discovery rule in "repressed memory" cases. It also reviews factors leading to the development of false memories, the repressed memory debate, current scientific findings, and relevant case law in other jurisdictions.</p>	<p><b><u>Hunter v. Brown</u>, 955 S.W.2d 49, (Tenn., November 10, 1997).</b></p> <p>The Tennessee Supreme Court affirmed an earlier ruling by a Tennessee Appellate Court, <u>Hunter v. Brown</u>, 1996 WL 57944 (Tenn.App. 1996), but declined to rule on the question of general applicability of the discovery rule in "repressed memory" cases because it found that under the facts of the case, the claim was time-barred. The earlier appellate decision had noted that the "inherent lack of verifiable and objective evidence in these cases distinguishes them from cases in which Tennessee courts have applied the discovery rule [previously]."</p>
812	<p><b>New Hampshire Supreme Court, <u>Hungerford v. Jones</u>, No. 97-657, submitted January 14, 1998.</b></p> <p>Brief argues that in order to provide a meaningful remedy to injured third parties, access to the courts by such third parties must be allowed. Brief discusses the theory of repression, repressed memory therapy and techniques, professional organizations response, lawsuits against therapists, third party suits involving repressed memory, suits involving misdiagnosis of sexual abuse in minors, legislation and public policy considerations.</p>	<p>This case has been fully briefed and oral arguments were heard before the New Hampshire Supreme Court on May 6, 1998. The court is considering two questions referred by a U.S. District Court, <u>Hungerford v. Jones</u>, U.S. Dist. Ct., N.H., No. 96-C-599: Does a mental health care provider owe a legal duty to the father of an adult patient to diagnose and treat the patient with requisite skill and competence of the profession when the diagnosis is that the father sexually abused or assaulted the patient? Does a mental health care provider owe a duty to act with reasonable care to avoid foreseeable harm to the father of an adult patient resulting from treatment or other action taken in relation to mental health conditions arising from the diagnosis of past sexual abuse or assault?</p>
813	<p><b>Illinois Supreme Court, <u>Doe v. McKay</u>, No. 83094, submitted January 23, 1998.</b></p> <p>Brief argues that in order to provide a meaningful remedy to injured third parties, access to the courts by such third parties must be allowed. Brief discusses the theory of repression, repressed memory therapy and techniques, pro-</p>	<p><b><u>Doe v. McKay</u>, 1009 Ill. LEXIS 913 (Ill., 1998).</b></p> <p>The Illinois Supreme Court affirmed a trial court's dismissal of a third party claim, holding that to allow the suit would improperly enlarge physicians' duty of care and could be inconsistent with a therapist's duty of confidentiality to his or her patient. A strongly worded dissent noted that the plaintiff was not a "random member of the general public," but was a rela-</p>

813 cont'd	fessional organizations response, lawsuits against therapists, third party suits involving repressed memory, third-party suits involving misdiagnosis of sexual abuse in minors, legislation and public policy.	tive of the patient, was accused of sexual abuse, and was used as a tool in plaintiff's treatment program. Concerns about compromising patient confidentiality make no sense, the dissent wrote, where the therapist chose to make that third party an integral part of a patient's treatment and did so with the patient's consent.
814	<p><b>Wisconsin Supreme Court, <u>Sawyer v. Midelfort</u>, No. 97-1969, submitted July 17, 1998.</b></p> <p>Brief argues that a therapist employing negligent "memory recovery" practices which lead to allegations of criminal sexual abuse owes a duty to the accused individual. The false allegation gravely injures the accused person in a direct and foreseeable way. Professional organizations have set forth guidelines for practice in this area which do not place undue burden on therapists.</p>	This case has been fully briefed and argued before the Wisconsin Supreme Court. Defendants appeal an appellate court ruling, <u>Sawyer v. Midelfort</u> , 217 Wis.2d 795, March 17, 1998, which reversed dismissal of a third-party malpractice claim. The court held that under the facts of the case, a duty was owed to the parents, that public policy does not preclude recovery, and that summary judgment had been improperly granted on grounds of laches and the statute of limitations.
815	<p><b>Georgia Supreme Court, <u>Kohout v. Charter Peachford Hospital</u>, No. S98C1773, submitted Sept. 17, 1998.</b></p> <p>Brief argues that the severe injury to patients and society due to unsafe repressed memory therapy merit allowing malpractice actions brought by former patients of therapists practicing repressed memory therapy. It also describes therapeutic techniques shown capable of fostering and reinforcing false memories, clinical challenges to the MPD diagnosis, the current scientific understanding of the theory of repression, and summarizes recent legal action against repressed memory therapists.</p>	Appeal pending. Plaintiff appeals a decision by an appellate court, <u>Engstrom v. Kohout</u> , 1998 Ga. App. LEXIS 995, July 15, 1998 which refused to extend the statute of limitations in this malpractice claim. The appellate court rejected plaintiff's argument that the two-year clock on her malpractice suit should have started only after she realized the nature and extent of her injuries from the false memories when she left treatment and began therapy elsewhere in May 1995, six months before the suit was filed.

### Exploring the Internet

A new web site of interest to FMSF Newsletter readers:

<http://www.StopBadTherapy.com>

Useful information on this site includes:

- Phone numbers of professional regulatory boards in all 50 states.
- Links for e-mailing the American Psychiatric Association, the American Psychological Association, the American Medical Association, and the National Association of Social Workers.
- Lists of online and printed resources: links, articles, books,

<http://www.fmsfonline.org> is the address of the website that FMSF is developing. (The site currently has background information on the U.S.A. v Peterson trial in Houston, Texas.)

### Another MPD Movie Planned

"The Crowded Room," based on the real-life story of William Milligan is to be produced for New Regency Productions and Warner Brothers.

**AREA CODE CHANGE?  
PLEASE HELP US SAVE TIME  
TRYING TO CALL YOU!**

**IF YOUR AREA CODE HAS CHANGED,  
PLEASE LET US KNOW.**

PBS Frontline documentaries "Divided Memories and "Search for Satan" are available from PBS. Call 1-800-828-4PBS for information. The Golden Baton award for four programs, including the repressed memory expose, has been given to Frontline.

**ADDRESS CHANGE and  
SNOWBIRD ALERT!**

**PLEASE REMEMBER,  
WE NEED YOUR ADDRESS CHANGE  
EVERY TIME YOU MOVE.**

**THANK YOU FOR HELPING US TO SERVE  
YOU BETTER.**

Any FMSF parents of retractors visiting Champaign-Urbana, Illinois are invited to stay free at our house. Carole Ann and David P. Hunter, 2511 Bedford Drive, Champaign, IL 61820  
217-359-2190  
hunter4000@aol.com

### ESTATE PLANNING

If you have questions about how to include the FMSF in your estate planning, contact Charles Caviness 800-289-9060. (Available 9:00 AM to 5:00 PM Pacific time.)



### Opening Our Hearts

I want to thank all the retractors who have had the courage to tell us their stories through this newsletter. Many of us have had real trouble understanding both how this could have happened and why it is impossible to talk sensibly to the accusers. Explanations from retractors are a real help.

While, I am a "non-accusing sibling" myself, I can really see how my twin sister got into this. All it takes is a period of crisis, *The Courage to Heal* and a "supportive" therapist. I was in crisis when my sister gave me *The Courage to Heal*. For a few days I dabbled on the fringes of this quicksand into Hell. By the grace of God (and I mean this seriously) my therapist was not supportive. In fact, she was the kind of therapist survivors are warned against. She told me it was rare for people to forget abuse.

But I am surely as suggestible as my identical twin. I was in a bad way. If my therapist had suggested abuse, I would have believed her. This therapy not only tells you you were an abused, neglected lump of misery as a child, it "empowers" you to experience first-hand agony and terror often far exceeding what genuinely abused children suffer. Michael in the last Newsletter spoke of nightmares. For my sister there were the voices—voices she identified as our parents telling her to cut herself, to burn herself, to kill herself. She tried all three. Only when she broke off contact with my parents was she able to still those voices. And all the logic, all the pleas for simple justice, at this point cannot convince her that these voices were of her own making, not of our parents.

To the victim of this kind of therapy, it must seem a travesty to suggest that all this pain was totally unnecessary, was for nothing. Our lost chil-

dren, brothers and sisters did not become accusers out of spite, malice or stupidity. These are intelligent vulnerable people. The only rope we can throw them is our unending love. It may well be that in some cases "tough love"—requiring apologies and recantations—is best. It may be that this kind of stout-hearted sticking to principles is the way love is shown in your family. It may be this is exactly the kind of rope your family needs. I think it is essential that families not perjure their honest feelings.

But it is equally important to realize that our children and brothers and sisters are trapped in pain. If we can ease this pain by opening our hearts in unconditional forgiveness and love, then we should.

"He drew a circle that shut me out -  
Heretic, rebel, a thing to flout.

But Love and I had the wit to win;  
We drew a circle that took him in."

Edwin Markham  
A Sister

### It Would Be Easier to Forget

It would be much easier for me not to tell my story, but instead to try to forget all the bizarre and unreal things that have happened to me. But I cannot forget. I must tell. I am one of the lucky ones. I now realize that my memories were false. After five long, torturous years, I "escaped" from the hands of the mental health professionals who had helped me "recover" my repressed memories and led me down a path of lies, deceit, and darkness from which there seemed to be no return. Now I am compelled to do everything within my power to help families and victims alike understand the complex nature and severity of this phenomenon and somehow find a way to stop the therapists and doctors that are tearing families apart. It is my prayer that other victims will realize that there is hope and reach out for help as I did.

There are now many stories of how therapists are destroying people's

lives with false memories. Sadly and much to my regret, my story is one of those. Although there are many similarities in every story, each one is unique and heartbreaking, a nightmare beyond belief. No human should have to endure such torture, no families should have to defend themselves against such accusations. It has been said that understanding is the beginning of knowledge. I hope that my first-hand experience and knowledge of this subject will bring about understanding for the many innocent people who have in one way or another been affected by the recovered memory movement.

Retractor

### Another Happy Ending

Thank you for all your persistent and wonderful work. Over the past several years whenever I read the letters in the newsletter about uniting families, I always hoped someday it would be our family. We are senior citizens and time has become important to us.

I want you to know that "another happy ending" has finally happened in our family too. Our daughter has written telling her dad how much she loves him and they now spend hours talking on the phone. We are taking the first steps toward a wonderful future. Through all this, we never gave up hope.

Mom and Dad

### Food for Thought

I continue to distribute many up-to-date articles about FMS to professionals. The other day after I gave information (Houston and Braun update) to a new psychologist, he made an interesting comment. He said that everything that I gave him is about ethics. He agreed with me when I replied: "What was done to our daughter was not ethical."

A Mom

## Reconciliation

Here's where your daughters are probably "stuck." I could not face the horrible thing I had done to my parents, so I HAD to believe the memories were true. In other words, even though I got away from that horrible therapist, I could not go back to my entire extended family (parents, brothers, cousins, grandmother) and say that I was temporarily insane and nothing had happened.

Unfortunately, my mother initially made that a condition of my rejoining the family...I had to clear my father's name. I was not capable of doing that, because, of course, I had real problems at that point. It was easier for my self-esteem to pretend that I had been sexually abused by someone and it was still my parents' fault because they should have protected me.

Over the years, my mother and I talked first about every year, then every 6 to 8 months about trivial stuff, then were able to meet 7 years after the "incident." She implicitly dropped the condition that I needed to clear my father's name, which helped a lot. I wasn't as embarrassed and ashamed. And by that point I was correctly placing responsibility on the therapist's doorstep as opposed to blaming myself.

A Retractor

### Psychology Astray: Fallacies in Studies of "Repressed Memory" and Childhood Trauma

by Harrison G. Pope, Jr., M.D.

Upton Books

This is an indispensable guide for any person who wants or needs to understand the research claims about recovered memories. A review by Stuart Sutherland in the prestigious *Nature* magazine (July 17, 1997) says that the book is a "model of clear thinking and clear exposition." The book is an outgrowth of the "Focus on Science" columns that have appeared in this newsletter.

## Books! Books! Books!

In the July/August 1997 newsletter we listed some books that had appeared since the Foundation began in 1992 that might be of interest to newsletter readers. Following is an update to that list. It is far from exclusive.

Appelbaum, Paul S., Uyehara, Lisa & Elin, Mark (Eds.), *Trauma and Memory: Clinical and Legal Controversies*, Oxford University Press, 1996.

Bowman, Marilyn, *Individual Differences in Posttraumatic Response*, Lawrence Erlbaum, 1997.

Campbell, Terence, *Smoke and Mirrors: Devastating Effect of False Sexual Abuse Claims*, Insight Books, 1998.

Crews, Fred, *Unauthorized Freud: Doubters Confront a Legend*, Viking, 1998.

deRivera, Joseph & Sarbin, Theodore R. (Eds.), *Believed-In Imaginings: Narrative Construction of Reality*, American Psychological Association, 1998.

Esterson, Allen, *Seductive Mirage: An Exploration of the Work of Sigmund Freud*, Open Court, 1993.

Feldman, Mark & Feldman, Jacqueline, *Stranger than Fiction: When Our Minds Betray Us*, American Psychiatric Press, 1998.

Goodwin Jean & Goodwin, Ken, *Memory Mayhem in Australia*, 1998. (Personal stories)

Haaken, Janice, *Pillar of Salt: Gender, Memory, and the Perils of Looking Back*, Rutgers University Press, 1998.

Knapp, Samuel & VanderCreek, Leon, *Treating Patients with Memories of Abuse: Legal Risk Management*, American Psychological Association, 1998.

Kotker, Zane, *Try to Remember*, Random House, 1997. (novel)

Laurence, D.M. & Titus, R., *Skeletons Without Bones*, Wine Press, 1998 (personal account of sister)

Lynn, Stephen, J. & McConkey, Kevin (Eds.), *Truth in Memory*, Guilford, 1998.

Oliphant, B. J., *Death Served Up Cold*, Fawcett, 1994. (Mystery)

Prager, Jeffrey, *Presenting the Past: Psychoanalysis and Sociology of Misremembering*, Harvard University Press, 1998.

Read, J. Don & Lindsay, D. Stephen, *Recollections of Trauma: Scientific Evidence and Clinical Practice*, Plenum, 1997. (NATO Conference Papers)

Rossman, Mark & Craig, William., *You the Jury*, Seven Locks, 1997. (Legal)

Sandler, J. & Fonagy, Peter (Eds.), *Recovered Memories of Abuse: True or False*, International Universities Press, 1997. (Conference Proceedings)

Schacter, Daniel, *Memory Distortion: How Minds, Brains and Societies Reconstruct the Past*, Harvard University Press, 1995.

Walker, H., Sydney, *Dose of Sanity: Mind, Medicine, and Misdiagnosis*, Wiley, 1996.

### Smiling through Tears

Pamela Freyd and Eleanor Goldstein

Upton Books • ISBN No 9-89777.125.7 • \$14.95

Over 125 cartoons by more than 65 cartoonists lead the way through a description of the complex web of psychological and social elements that have nurtured the recovered memory movement. Ask your bookstore to order the book or call 1-800-232-7477.

*When bad men combine, the good must associate; else they will fall one by one, an unpitied sacrifice in a contemptible struggle.*

Edmund Burke Vol. i, p. 526.

*Thoughts on the Cause of the Present Discontent*

*Excerpt from Talk Presented at Indiana FMS Conference 4/18/98 by Mother of a Retractor:*

Even though our daughter is a retractor, my husband and I are not giving up this fight against False Memory Syndrome. We want to continue to educate others about the dangers of Recovered Memory Therapy. It breaks my heart to know that there are so many still whose families are not back together yet.

I wish I could give you the secret as to how to be reunited with your son or daughter. I can only give you suggestions, most of which come from the writings of retractors. What do you say or not say? What do you do or not do? What is the key to unlocking our daughter's heart?

From the many stories I have heard from retractors I believe that deep down inside, your daughter or son continues to love you and sincerely misses being with the family. She or he longs to see you but is being told that in order to heal must separate from her family. (Or being told similar anti-family and other anti-Christian statements.)

In a recent newsletter from Ohio a retractor wrote her story. In it she writes: "I distinctly remember my point of revelation. I was sitting at the edge of a pool after a night swim, writing in my journal. It was as if the truth that had been in my heart for all those years was finally free. I wept at the joy I felt for feeling the freedom of speaking to my parents, and seeing them again."

The retractor from Ohio had a list

of suggestion for parents that are included in the following:

- At any opportunity, send a note to your children, write from your heart. Let your children know that you love them and miss them. It is a good idea to send notes on plain stationery. Flowers and colors are used by some therapists to help "realize" or "remember" hidden meanings, and can be used against you.

- Try in as many ways as you can to show your children that you love them and would never hurt them. Call as often as you think you can. Write a note every couple weeks. Send no items though. They can be used against you. Keep everything plain, simple and clear.

- Send a friendly post card at the very least. Many therapists will tell their patients that if they get mail from home not to open it, but to bring it into therapy and they will help "interpret" the letter. Not many people can go to the mail box and pull out a post card and resist just turning it over and looking at it.

- Get FMS information in any library your daughter may visit. One retractor said that she had gone into the library looking for information on "False Memory Syndrome" and could not find any. Ask your librarian to start a file on the new articles about FMS. My husband has been very successful in getting our local library to add many of the new books on FMS. The tragic part though is they still have nineteen copies of *The Courage to Heal* out on their shelves. Buy one of the many good books out about FMS and place it in your church library.

- Keep the doors open for your children. There is no way to know how hard your children have tried to resist the therapist's suggestions or how much they have even doubted their own memories. Your child's therapist has an answer and excuse for every thing, and interprets things anyway he wants. When our daughter returned

home she said she had wanted to come home and see her parents, but nobody would let her. The first thing our daughter did when she came home was to give us a big hug and say she had always loved us. But how in the world were we to know that?

- Don't ask your children why they fell for the brainwashing of the therapist; they will probably not know. Only after they start to heal and learn more about false memories will they begin to understand what has happened.

- Encourage and support your children. Listen to their stories even if it hurts. They need you and other compassionate friends to listen while they cry. Don't deny your children the opportunity of talking about their ordeal.

The best medicine for your children is to spend time with parents and family. We all would love that! Some parents want to work out all details or have a complete retraction and apology before contact. Don't wait that long. Start the process now. Don't throw up road blocks. Give it a try. Welcome your children with open arms.

I challenge each and every one of you to go out and educate others about FMS. I encourage each and everyone of you to do something to reach your children.

**DO SOMETHING! NEVER GIVE UP!**

God be with all of you as you work through this process of being reunited with your precious family.

Mother of a Retractor

**"But, of course, once again these are victims who don't know they are victims. The recovered memory scandals have shown us there is one very good reason why such people don't realize they are victims, and that is that they are not. But victimology teaches that the fact that someone doesn't realize they are a victim makes them even more of a victim."**

Melanie Phillips, July 2, 1998  
*The Observer News Page, Pg. 27*

## CONTACTS &amp; MEETINGS - UNITED STATES

## ALASKA

Kathleen (907) 337-7821

## ARIZONA

Barbara (602) 924-0975;  
854-0404 (fax)

## ARKANSAS

## Little Rock

Al &amp; Lela (870) 363-4368

## CALIFORNIA

## Sacramento - (quarterly)

Joanne &amp; Gerald (916) 933-3655

Rudy (916) 443-4041

## San Francisco &amp; North Bay - (bi-MO)

Gideon (415) 389-0254 or

Charles 984-6626(am); 435-9618(pm)

## East Bay Area - (bi-MO)

Judy (925) 376-8221

## South Bay Area - Last Sat. (bi-MO)

Jack &amp; Pat (408) 425-1430

3rd Sat. (bi-MO) @10am

## Central Coast

Carole (805) 967-8058

## Central Orange County - 1st Fri. (MO) @ 7pm

Chris &amp; Alan (714) 733-2925

## Covina Area - 1st Mon. (MO) @ 7:30pm

Floyd &amp; Libby (626) 330-2321

## San Diego Area

Dee (619) 941-4816

## COLORADO

## Colorado Springs

Doris (719) 488-9738

## CONNECTICUT

## S. New England - (bi-MO) Sept-May

Earl (203) 329-8365 or

Paul (203) 458-9173

## FLORIDA

## Dade/Broward

Madeline (954) 966-4FMS

## Boca/Delray - 2nd &amp; 4th Thurs (MO) @ 1pm

Helen (407) 498-8684

## Central Florida - Please call for mtg. time

John &amp; Nancy (352) 750-5446

## Tampa Bay Area

Bob &amp; Janet (813) 856-7091

## GEORGIA

## Atlanta

Wallie &amp; Jill (770) 971-8917

## HAWAII

Carolyn (808) 261-5716

## ILLINOIS

## Chicago &amp; Suburbs - 1st Sun. (MO)

Eileen (847) 985-7693

Liz &amp; Roger (847) 827-1056

## Peoria

Bryant &amp; Lynn (309) 674-2767

## Champaign

David Hunter (217) 359-2190

## INDIANA

## Indiana Assn. for Responsible Mental Health Practices

Nickie (317) 471-0922; fax (317) 334-9839

Pat (219) 482-2847

## IOWA

## Des Moines - 2nd Sat. (MO) @ 11:30am Lunch

Betty &amp; Gayle (515) 270-6976

## KANSAS

## Kansas City - 2nd Sun. (MO)

Pat (785) 738-4840

Jan (816) 931-1340

## KENTUCKY

## Louisville- Last Sun. (MO) @ 2pm

Bob (502) 367-1838

## LOUISIANA

Francine (318) 457-2022

## MAINE

## Bangor

Irvine &amp; Arlene (207) 942-8473

## Freeport - 4th Sun. (MO)

Carolyn (207) 364-8891

## MARYLAND

## Ellicott City Area

Marge (410) 750-8694

## MASSACHUSETTS/NEW ENGLAND

## Andover - 2nd Sun. (MO) @ 1pm

Frank (978) 263-9795

## MICHIGAN

## Grand Rapids Area-Jenison - 1st Mon. (MO)

Bill &amp; Marge (616) 383-0382

## Greater Detroit Area - 3rd Sun. (MO)

Nancy (248) 642-8077

## Ann Arbor

Martha (734) 439-8119

## MINNESOTA

Terry &amp; Collette (507) 642-3630

Dan &amp; Joan (651) 631-2247

## MISSOURI

## Kansas City - 2nd Sun. (MO)

Pat 738-4840

Jan (816) 931-1340

## St. Louis Area - 3rd Sun. (MO)

Karen (314) 432-8789

Mae (314) 837-1976

## Springfield - 4th Sat. (MO) @ 12:30pm

Tom (417) 883-8617

Roxie (417) 781-2058

## MONTANA

Lee &amp; Avone (406) 443-3189

## NEW JERSEY (SO.)

## See Wayne, PA

## NEW MEXICO

## Albuquerque - 1st Sat. (MO) @ 1 pm

## Southwest Room - Presbyterian Hospital

Maggie (505) 662-7521(after 6:30pm) or

Sy (505) 758-0726

## NEW YORK

## Westchester, Rockland, etc. - (bi-MO)

Barbara (914) 761-3627

## Upstate/Albany Area - (bi-MO)

Elaine (518) 399-5749

## NORTH CAROLINA

Susan (704) 481-0456

## OHIO

## Cincinnati

Bob (513) 541-0816 or (513) 541-5272

## Cleveland

Bob &amp; Carole (440) 888-7963

## OKLAHOMA

## Oklahoma City

Dee (405) 942-0531

HJ (405) 755-3816

## PENNSYLVANIA

## Harrisburg

Paul &amp; Betty (717) 691-7660

## Pittsburgh

Rick &amp; Renee (412) 563-5616

## Montrose

John (717) 278-2040

## Wayne (includes S. NJ)

Jim &amp; Jo (610) 783-0396

## TENNESSEE

## Wed. (MO) @ 1pm

Kate (615) 665-1160

## TEXAS

## Houston

Jo or Beverly (713) 464-8970

## El Paso

Mary Lou (915) 591-0271

## UTAH

Keith (801) 467-0669

## VERMONT

(bi-MO) Judith (802) 229-5154

## VIRGINIA

Sue (703) 273-2343

## WEST VIRGINIA

Pat (304) 291-6448

## WISCONSIN

Katie &amp; Leo (414) 476-0285

Susanne &amp; John (608) 427-3686

## CONTACTS &amp; MEETINGS - INTERNATIONAL

## BRITISH COLUMBIA, CANADA

## Vancouver &amp; Mainland - Last Sat. (MO)

@ 1- 4pm

Ruth (604) 925-1539

## Victoria &amp; Vancouver Island - 3rd Tues. (MO)

@ 7:30pm

John (250) 721-3219

## MANITOBA, CANADA

## Winnipeg

Joan (204) 284-0118

## ONTARIO, CANADA

## London - 2nd Sun (bi-MO)

Adriaan (519) 471-6338

## Ottawa

Eileen (613) 836-3294

## Toronto /N. York

Pat (416) 444-9078

## Warkworth

Ethel (705) 924-2546

## Burlington

Ken &amp; Marina (905) 637-6030

## Sudbury

Paula (705) 692-0600

## QUEBEC, CANADA

## Montreal

Alain (514) 335-0863

## St. André Est.

Mavis (450) 537-8187

## AUSTRALIA

Irene (03) 9740 6930

## ISRAEL

FMS ASSOCIATION fax-(972) 2-625-9282

## NETHERLANDS

Task Force FMS of Werkgroep Fictieve

## Herinneringen

Anna (31) 20-693-5692

## NEW ZEALAND

Colleen (09) 416-7443

## SWEDEN

Ake Moller FAX (48) 431-217-90

## UNITED KINGDOM

The British False Memory Society

Roger Scottford (44) 1225 868-682

Deadline for the JANUARY/FEBRUARY  
Newsletter is JAN. 5. Meeting notices  
MUST be in writing and should be sent  
no later than two months prior to  
meeting.

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3401 Market Street, Suite 130  
Philadelphia, PA 19104-3315  
Phone 215-387-1865 or 800-568-8882  
Fax 215-387-1917  
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Pamela Freyd, Ph.D., Executive Director

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December 1, 1998

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